

South Dakota Arts Council

711 E. Wells Ave., Pierre, SD 57501
(605) 773-3301 or 1-800-952-3625
Website: www.artsCouncil.sd.gov

Project Grant Application

Read pages 135-136 for grant guidelines and follow the steps listed under Application Procedure.

Applicant Organization (Please type or print)

TIN Number

Address

City/State/Zip Code

Telephone

E-mail Address

Website

Contact Person

Daytime Phone

Evening or Message Phone

Address

City/State/Zip Code

E-mail Address

Project Title

Grant Application Codes (see Pages 14-17):

Applicant Status

Applicant Institution

Applicant Discipline

Project Discipline

Type of Activity

Arts Education

Project Descriptors

Project Race

Grantee Race

Project Period:

Start Date

End Date

Date(s) of Project Event(s)

Number of Individuals to Benefit:

Number of Children and Youth to Benefit:

Number of Artists Participating:

Grant Amount requested:

Total Budget:

Summary of proposed project:

AGREEMENT: I certify that the application information is true and complete to the best of my knowledge. I understand and agree that any funds granted as a result of this application are to be used for the purposes set forth herein. It is agreed that the undersigned is the individual authorized to commit the applicant to abide by the relevant Terms, Conditions and Guidelines as printed in the SDAC *Guide To Grants*. In addition, the undersigned gives SDAC permission to duplicate submitted documentation for use in the grant review process.

Authorizing Official:

Signature & Title

Date

Address

City/Town

Zip

Telephone

BUDGET INFORMATION

Applicant Organization _____

Project Title _____

Round all amounts to the nearest dollar. (Additional budget information may be submitted on an additional sheet of paper.)

EXPENSES	Cash Expenses	In-Kind Contributions
A. Personnel Administrative (Number of Positions ____)		
Artistic (Number of Positions ____)		
Outside Artistic Fees and Services		
Other Outside Fees and Services		
B. Space Rental		
C. Travel (Mileage, Lodging, Meals)		
D. Marketing		
E. Remaining Operating Expenses _____ _____ _____		
F. Total Cash Expenses (A through E)		
G. Total In-Kind Contributions (A through E)		
H. Total Expenses (Total of F and G)		

INCOME	Income
I. Admissions	
J. Contracted Services Revenue	
K. Other Revenue (Please specify) _____ _____ _____	
L. Cash Support Corporate _____ Foundation _____ Other Private _____	
M. Government Support City/County _____ Regional/State _____ Federal _____ Other SDAC Grant(s) _____	
N. Applicant Cash (See page 12)	
O. Total Applicant Cash Income (I through N)	
P. Grant Amount Requested from SDAC (No more than 50% of Total Cash Expenses from F above)	
Q. Total Cash Income (O and P)	
R. Total In-Kind Contributions (Same as G above)	
S. Total All Income (Total of Q and R should equal H above)	

ARTISTIC DOCUMENTATION FORM

Support Materials: Artistic documentation of the artist's work is necessary for the panel to evaluate the application. List below the materials you have included in support of your application. For slides or digital images, list the number, title, medium, date of completion, and actual size of the work. Send no more than 10 slides or digital images. Do NOT send original artwork. Identify audio tapes, video tapes, DVDs, and CDs as to type, discipline, title, and date of completion of recorded work. For literary manuscripts, list the title of the work, the genre, year the work was completed, and the publication date (if applicable). **See Artistic Documentation on pages 8-11 for a complete description of individual discipline requirements.**

Applicant Name: _____ **Discipline:** _____

SLIDES / DIGITAL IMAGES

Number	Title	Size*	Medium	Date of Completion
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

* Height (top to bottom); Width (left to right); Depth (front to back) [HxWxD]

AUDIO TAPES, VIDEO TAPES, CDs, DVDs

Title of Recording	Type (audio, video, CD, DVD)	Discipline	Date Recorded
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Number and label each recording with the title you have listed on the application form.

MANUSCRIPTS

Title of Work	Genre	Date Completed	Date Published (if applicable)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

A mailer with postage for the return of artistic documentation is enclosed.

☐ Yes

☐ No

PROJECT GRANT CHECKLIST

HOW TO PACKAGE YOUR APPLICATION FOR SUBMISSION

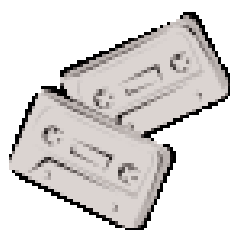
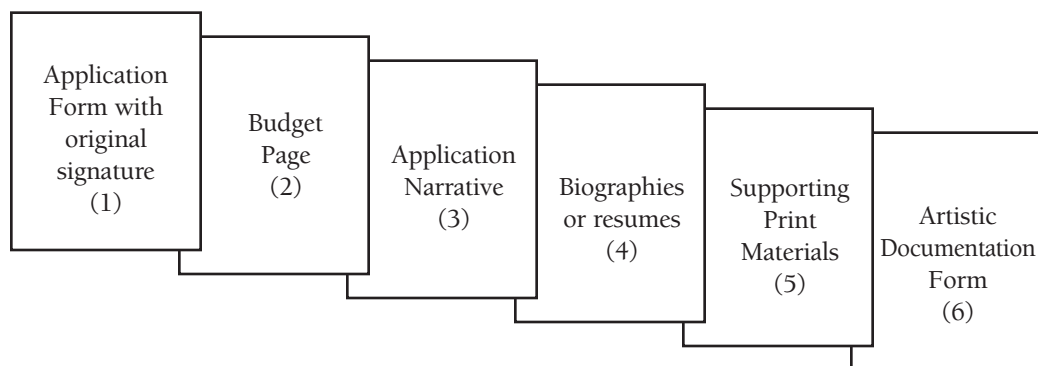
Send one copy of the application form and attachments. Pages must be single-sided, 8 1/2" x 11"; oversized materials and newspaper clippings must be photocopied or laid out to fit this format. Applications must be postmarked or hand-delivered by the deadline. Retain a copy for your records.

Illustrated below is the order in which application, attachments, and supplementary materials must be assembled. **To have documentation returned, you must enclose a self-addressed mailing package with adequate postage.**

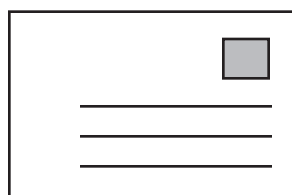
Checklist of Materials

- ☐ 1. Application Form (page 137)
- ☐ 2. Budget Page (page 139)
- ☐ 3. Application Narrative
- ☐ 4. Biographies or resumes
- ☐ 5. Supporting Print Materials (i.e. printed reviews, programs, etc.)
- ☐ 6. Artistic Documentation Form (page 141) (if applicable)
- ☐ 7. Actual Artistic Documentation (if applicable)
- ☐ 8. Self-addressed mailer with adequate postage to have documentation returned

Order of Assembly for Mailing



Artistic Documentation (7)



SAS mailer for documentation return (8)